FOR INSTRUCTIONS,	SEE BACK OF FORM
DISCI	OSURE SUM

Reset Form FORM

هم	DISCLUSURE SUMMARY PAG			DR-2	DISCLOSURE
	COMMITTEE NAME (Must be same as on Statement of Organiza  Iowa Federation of Labor, AFL- Fund, 300 E. Locust - #260	tion) South Centra	1	(Rev. 12/2005)	REPORT
	Fund, 300 E. Locust - #260	-Clo Citizenship		For Office Use Or	
	Des Moines, Iowa 50309			Comm. #	6133
	IMPORTANT: Indicate by # type of committee you are reporting for:	: 2	-	Logged 15	~ ~ ~
	(1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand	(2)State PAC (3)State Party		Scanned	
	Political Subdivision Candidate (8) County PAC (9) City PAC (10	) )School Board or Other Political	1 1		
	Subdivision PAC (11) Local Ballot Issue  GANDIDATE COMMITTEES ONLY:		1 1		
	Candidate Name	Political Party (if applicable)			
Ì	o de State of the	Political Party (II applicable)		File with: lowa Ethics and	Commission
	Office Sought-	District CE O	-	Disclosure Boar	
	<i>σ</i> ,	District (if Senate or House)		510 E. 12 <sup>th</sup> , Ste.	
ı				Des Moines, low Fax: 515-281-37	
1	afe reports are subject to possible civil and criminal penalties. Purs he sandidate, for a candidate's committee, and the chairperson, for	suant to Iowa Code section 68B.3	32A(7) L		
i	ndMidual responsible for filing timely and accurate reports.	any other type of continuee, is t	iie		
	Luani Smith	515-265-1	862	12 (	30 08
,	IGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIG	<u> 79-08</u> ENED
•	Statewide DAC				
ì	Statewide PAC AM FILING A 10/15/08 to 12/31/08	REPORT FOR (1) ELECTION /(	2)NON-EL	ECTION YEAR.	
	(report date)	Indicate by			
	CHECK IF AMENDMENT TO REPORT DATED	·			
			Local Co	mmittees, enter D	ate of Election
	Check if this is final (termination) report and attach Notice of Disso	olution Form DR-3.	County	Local Committees	antas Cauntu in
	(You must continue to file reports until a DR-3 is filed.)			ection is held	s, enter County in
			l		
•					
		T OF CASH ON HAND			
C	ASH ON HAND at the beginning of the reporting period. (Total of al committee. This amount MUST be the same as the cash or	Il funds held by the			
	of the last reporting period or must be zero if this is first re	port filed.)	\$	5009.	71
	ADD TOTAL MONEY TAKEN IN THIS PERIOD	,	•		
	Schedule A: Cash Contributions total (Attach Schedule A)	(*also see in-kind below)		750.	22
	Schedule F: Loans Received total (Attach Schedule F)				
	Schedule H: Total Sales of Campaign Property (Attach Sch				
	(Schedule H applies to Candidates' Committe			-	* /
		SUB-TOTAL	\$	5759.	93
	SUBTRACT TOTAL MONEY SPENT THIS PERIOD	- TALIMAN	<b>y</b>		
	Schedule B: Expenditures total (Attach Schedule B) (**als	o see debts and loans below)		450.	00
	Schedule F: Loan Repayments total (Attach Schedule F)				
С	ASH ON HAND at the end of this reporting period (if final report bala		***************************************	<u> </u>	
	be zero) (Attach DR-3)	ance must	\$	5309.	93
**	UNPAID BILLS (From Schedule D - Attach Schedule D)				
	N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)				
	OUTSTANDING LOANS (From Schedule F - Attach Schedule F)				<del></del>
	ONSULTANT BREAKDOWN (Schedule G Attached?)		\$		
_			_	YES N	<b>O</b> .
	ANDIDATE COMMITTEES ONLY:  AND UF OF CAMPAIGN PROPERTY (From Schoolule H. Attach Caho	d.d. ID			
	ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sched	•	\$		
	TATE COMMITTEES: Submit a reconciled campaign account bank	statement in January of each ve-	or		

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) South
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Central Iowa Federation of Labor, AFL-CIO Citizenship Fund, 300 E. Locust #260, DM, IA
- '

	·	50309				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED		
10/16/ -08	ID# CK# 1.023	Committee To Elect Michael Mauro, 4325 SW 31st, DM, IA 50321	Contribution	\$ 200.00		
10/16/ 08	ID# CK#1024	Warren County Democratic Party PO Box 477 Indianola, IA 50125	Tickets for Annual Fall Dinner 10/17/08	250.00		
	ID# CK#					
	ID# CK#					
	ID# CK#					
	ID# CK#					
	ID# CK#					
	ID# CK#					
			SUB-TOTAL	\$ 450.00		

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		1
Page		of	ı

TOTAL (if last page of this schedule)

450.00

## \*CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
South Central Iowa Federation of Labor,
AFL-CIO Citizenship Fund, 300 E. Locust
Des Moines, Iowa 50309 #260

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISEF INCOM
10/28/ 08	CK# 3230	South Central Iowa Federatio of Labor, AFL-CIO, 300 E Locust - #260, DM, IA 50309 Transfer General Acct. 10/08	n	\$ 440.72	INCOM
11/25/ 08	CK# 3248	Same As Above Transfer General Acct. 11/08		115.70	
12/29/	ID# CK# 3276	Same As Above Transfer General Acct. 12/08		193.80	
	ID# CK#				
	ID# CK#				
	ID#				
	ID# CK#				
	ID#				
	iD#				
	CK#				<u> </u>
	CK#		SUB-TOTAL	750 00	
		TOṬAL (if last page o		\$ 750.22 \$ 750.22	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

7 of (for Schedule A)